FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

140	9641
OMB	APPROVAL
OMB Num	ber: 3235-0076
Expires:	April 30 2008

OMB Number: 3235-0076
Expires: April 30,2008
Estimated average burden
hours per response.....16.00

SEC USE ONLY					
Prefix Serial					
DATE RECEIVED					

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
\$728,800,000 offering of shares of beneficial interest in LaSalle Income & Growth Fund V	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Ramendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	08057309
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
LaSalle Income & Growth Fund V	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
200 East Randolph Street, Chicago, Illinois 60601 Address of Principal Business Operations (Number and Street, City, State, Zip Code)	12) 782-5800 Telephone Number (Including Area Code)
(if different from Executive Offices)	receptione transcer (including Alea Code)
Brief Description of Business	
Real estate investments.	a a
Type of Buriness Organization	PROCESSED
hydrage trust	ase specify):
Toda Galace inves	stment trust AUG 2 0 2008
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	MICHIOCIA KLUICK
CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS	MD
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or S	Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
77d(6).	
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given belowhich it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549	9.
Copies Required: Five (5)-copies of this notice must be filed with the SEC, one of which must be manually signed copy or bear typed or printed signatures.	igned. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report to thereto, the information requested in Part C, and any material changes from the information previously supplied not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sale.	
ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Seciare to be, or Lave been made. If a state requires the payment of a fee as a precondition to the claim for the accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The this notice and must be completed.	ne exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exen appropriate federal notice will not result in a loss of an available state exemption unless filing of a federal notice.	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		. A. BASIC IDI	ENTIFICATION DATA						
2. Enter the information rec	quested for the fol	lowing:	·						
 Each promoter of the 	• Each promoter of the issuer, if the issuer has been organized within the past five years;								
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.									
 Each executive office 	cer and director of	f corporate issuers and of	corporate general and ma	naging partners of	partnership issuers; and				
 Each general and m 	anaging partner of	f partnership issuers.							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if James M. Hutchinson	individual)								
Business or Residence Addres 200 East Randolph Street	•	Street, City, State, Zip Co ois 60601	ode)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if Harlan F. Stanley	individual)								
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)						
200 East Randolph Street,	Chicago, Illinoi	s 60601							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if Ty J. Spearing	individual)	.,							
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)						
200 East Randolph Street	, Chicago, Illino	is 60601							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, it	`individual)								
Allison McFaul									
Business or Residence Addres	•	•	ode)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if Demetri Rackos	individual)								
Business or Residence Address 200 East Randolph Street	· ·	Street, City, State, Zip Cois 60601	ode)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if Brad Davey	`individual)								
Business or Residence Address 200 East Randolph Stree			ode)	· · · · · · · · · · · · · · · · · · ·					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if Kimball C. Woodrow	individual)								
Business or Residence Address 200 East Randolph Street	· ·	•	ode)						
	(Use bla	nk sheet, or copy and use	additional copies of this	sheet, as necessary)					

		A. BASIC IDE	ENTIFICATION DATA						
2. Enter the information re-	quested for the fol	lowing:							
Each promoter of the second control of	• Each promoter of the issuer, if the issuer has been organized within the past five years;								
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.									
Each executive offi	cer and director of	corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and				
Each general and m	anaging partner of	f partnership issuers.							
		·							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if Karen Brennan	`individual)			•					
Business or Residence Addres 200 East Randolph Stree			de)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, it	individual)								
Robert K. Hagan									
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	de)						
200 East Randolph Street									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, it Brian P. Hake	(individual)								
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	de)						
200 East Prindolph Street	, Chicago, Illinoi	is 60601							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, in	f individual)		·						
James S. Jasionowski									
Business or Residence Addres 200 East Randolph Stree			de)	·					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i Brian Kuzniar	individual)								
Business or Residence Addres 200 East Randolph Stree		Street, City, State, Zip Co is 60601	ode)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, it Equity Trustees Limited a	•	T Global Direct Prope	rty Fund	·····					
Business or Residence Addre Equity Trustees Limited,	•	Street, City, State, Zip Courke Street, Melbourne							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)						
	(Use blan	nk sheet, or copy and use	additional copies of this sl	heet, as necessary)	· · · · · · · · · · · · · · · · · · ·				

	B. INFORMATION ABOUT OFFERING												
1.	1. Her the insure and an dear the insure intend to not be a second of the Co. in O.								Yes	No 553			
••	 Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. 									X			
2.	What is	the minim	um investn					_				s 100	0,000.00
						•	•					Yes	No
3.		ie offering p	-		-								K
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	l Name (Last name f	irst, if indi	ividual)									
Bus	iness or	Residence	Address (N	lumber and	l Street, C	ity, State, Z	Lip Code)		•				
Nar	ne of As	sociated Bro	oker or De	aler									
Stat	tes in WI	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States"	" or check	individual	States)			***************************************				☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name f	irst, if indi	ividual)									
Bus	iness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Nar	ne of As	sociated Bro	oker or De	aler	•								
Sta	tes in Wi	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States"	" or check	individual	States)		***************************************	••••	•••••••	**************		□ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (Last name f	irst, if ind	ividual)									
Business er Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)									l States				
	IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK									MS OR WY	MO PA PR		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	5	\$
	Equity		·
	Common Preferred		
	Convertible Securities (including warrants)	8	\$
	Partnership Interests		
	Other (Specify Shares of benefical interest in real estate investment trust		\$
	Total		¢ 728,800,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	Ψ
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	34	\$_728,800,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 545,435.00
	Accounting Fees	· · · · · · · · · · · · · · · · · · ·	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	\$
	Total	_	§ 545,435.00

L	C. OFFERING TRICE, NOM	DER OF INVESTORS, EAFENSES AND USE OF F	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."			728,254,565.00
5.	Indicate below the amount of the adjusted gross pre- each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			. 🗆 \$
	Purchase of real estate		s	. 🗆 s
	Purchase, rental or leasing and installation of mac and equipment	hinery [□ \$. 🗆 \$
	Construction or leasing of plant buildings and faci			
	Acquisition of other businesses (including the val- offering that may be used in exchange for the asse issuer pursuant to a merger)	ts or securities of another		_ □\$
	Repayment of indebtedness			
	Working capital	_		
	Other (specify): Invest in interests in real estate		 \$	\$ 728,254,565.00
			\$. 🗆 \$
	Column Totals		\$_0.00	728,254,565.00
	Total Payments Listed (column totals added)	✓ \$_ ⁷²	8,254,565.00	
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accu	nish to the U.S. Securities and Exchange Commis	ssion, upon writte	
lss	uer (Print or Type)	(ignature	Date	
La	Salle Income & Growth Fund V	Ju in He	August <u>4</u> , 200	08
Na	me of Signer (Print or Type)	citle of Signer (Print or Type)		
Jan	es M. Hutchinson	President		

END

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)